

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 601513 ✓
 IA NUMBER: PCT/ EP99 / 00618 ✓
 FAMILY NAME: THALLER ✓
 GIVEN NAME: MARIA CRISTINA ✓
 PRIORITY CLAIMED (Y/N): Y ✓
 NO BASIC FEE (Y/N): N ✓
 ATTORNEY DOCKET NUMBER: 1303 102 ✓
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7038164000 ✓
 NAME: NIXON VANDERHYE ✓
 STREET: 1100 NORTH GLEBE ROAD ✓
 8TH FLOOR ✓
 CITY: ARLINGTON ✓
 STATE/COUNTRY: VA ✓ ZIP: 22201 ✓
 EMAIL:
 APPLICATION TITLES:
 METHOD FOR THE DETERMINATION OF PROSTHETIC INFECTIONS ✓

RECEIPT DATE: 08 / 02 / 00 ✓
 IA FILING DATE: 01 / 01 / 99 ✓
 DELAY WAIVED (Y/N): Y ✓
 DEMAND RECEIVED (Y/N): Y ✓
 PRIORITY DATE: 02 / 03 / 98 ✓
 US DESIGNATED ONLY (Y/N): N ✓
 COUNTRY:
 FAX

TAB TO LAST POSITION,PUSH SEND